



TRICARE Northwest – Regional 11

Prescribing Guidelines for the Treatment of Community Acquired Pneumonia (CAP)

1. Definition of Community Acquired Pneumonia (CAP): pneumonia diagnosed in a patient on admission **or** within 72 hours of admission.
 - a. The patient **has not** been hospitalized and/or in a Skilled Nursing Facility (Nursing Home) within the previous 30 days.
2. Pathogens causing CAP: *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Moraxella catarrhalis*, *Legionella pneumophila*, *Mycoplasma pneumoniae*, and *Chlamydiae pneumoniae*.
3. Parenteral antibiotic therapy for treatment of CAP:
 - a. A third generation cephalosporin (e.g. ceftriaxone) and a macrolide (e.g. erythromycin) or doxycycline +/- vancomycin (use of vancomycin is based on the susceptibility pattern of *Streptococcus pneumoniae* to penicillin and macrolide).
 - b. Azithromycin
 - c. Levofloxacin, gatifloxacin
 - d. Amoxicillin/clavulanate (sputum culture results need to demonstrate susceptibility to this pathogen)
4. Oral antibiotic therapy for CAP (should be guided by sputum culture results)
 - a. Azithromycin
 - b. Levofloxacin, gatifloxacin.
 - c. Cefpodoxime + doxycycline **or** cefixime + doxycycline
5. Duration of total antimicrobial therapy: approximately 10 days

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Guideline Adopted: 12 July 2002